

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/806,488 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/					
3	/					
4	/					
5	/					
6	2		2			
7	2		2			
8	2		2			
9	2		2			
10	2		2			
11	2		2			
12	2		2			
13	2		2			
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50						
TOTAL IND.	3				2	
TOTAL DEP.	27				25	
TOTAL CLAIMS	30				27	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

BEST AVAILABLE COPY

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO.

09/866,488

FILING DATE

APPLICANT(S)

CLAIMS

1/20/04							1/20/04						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS